

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S24989** (3)  
1. Corporation Name  
**POTTER & SONS CUSTOM PAINTING & DECORATING, INC.**



Principal Place of Business  
**1252 LAKESHORE DRIVE  
NAPLES FL 34103**

Mailing Address  
**1252 LAKESHORE DRIVE  
NAPLES FL 34103-8936**

3. Date Incorporated or Qualified  
**01/14/1991**

3a. Date of Last Report  
**04/16/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number  
**65-0237020**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**POTTER, DENISE F.  
5060 3 AVE NW  
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name **POTTER Douglas S JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5060 3RD AVE NW**

83

84 City **Naples**

85 Zip Code **FL 34119**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Douglas S Potter Jr* **Douglas S Potter, Jr., P** **4/15/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **POTTER, DOUGLAS S., JR.**

STREET ADDRESS **5060 3 AVE NW**

CITY-ST-ZIP **NAPLES FL**

TITLE **VT** ☐ DELETE

NAME **POTTER, DOUGLAS S., SR.**

STREET ADDRESS **1252 LAKESHORE DRIVE**

CITY-ST-ZIP **NAPLES FL**

TITLE **S** ☐ DELETE

NAME **POTTER, MICHAEL**

STREET ADDRESS **1316 DERBYSHIRE CT, B202**

CITY-ST-ZIP **NAPLES FL**

TITLE **DC** ☒ DELETE

NAME **POTTER, DENISE F.**

STREET ADDRESS **5060 3 AVE NW**

CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas S Potter Jr* **Douglas S. Potter, Jr., P** **4/15/97** **941-262-6663**

Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)